

PRODUCER OF WASTE (Must be filled by producer)				
Name <u>ALCOA</u>			<div></div> <div></div> <div></div> <div></div>	
Pick up Address: <u>VERNON</u>			CODE NO.	
Telephone Number: ( ) ( )		(STREET)	(CITY)	
P.O. or Contract No.				
Order Placed By:			Date: <u>2-9-78</u>	
Type of Process which Produced Wastes: <u>EQUIPMENT CLEANING</u>			<div></div> <div></div> <div></div> <div></div>	
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)				
DESCRIPTION OF WASTE (Must be filled by producer)				
Check type of wastes:				
1. <input type="checkbox"/> Acid solution		6. <input type="checkbox"/> Tetraethyl lead sludge		11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution		7. <input type="checkbox"/> Chemical toilet wastes		12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides		8. <input type="checkbox"/> Tank bottom sediment		13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge		9. <input checked="" type="checkbox"/> Oil		14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent		10. <input type="checkbox"/> Drilling mud		15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify) <u>Cooling tower sediment</u>				
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)				
		Upper	Concentration: Lower	% ppm
1.				<div></div> <div></div>
2.				<div></div> <div></div>
3.				<div></div> <div></div>
4.				<div></div> <div></div>
5.				<div></div> <div></div>
6.				<div></div> <div></div>
Hazardous Properties of Waste:				
pH <u>2</u>		<input checked="" type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable
		<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive	
Bulk Volume: <u>100</u>		<input type="checkbox"/> gal	<input type="checkbox"/> tons	<input type="checkbox"/> barrels (42 gal.)
		<input type="checkbox"/> other	(SPECIFY)	
Containers: (NUMBER)		<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> bags
		<input type="checkbox"/> other	(SPECIFY)	
Physical State:		<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input type="checkbox"/> sludge
		<input type="checkbox"/> other	(SPECIFY)	
Special Handling Instructions (if any): <u>None</u>				
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).				
I certify (or declare) under penalty of perjury that the foregoing is true and correct.				
<u>R. W. Scott</u> SIGNATURE OF AUTHORIZED AGENT AND TITLE				

**HAULER OF WASTE (Must be filled by hauler)**

**ASBURY OIL CO.**  
 13419 Halldale Ave., Gardena, California 90249  
 Phone: (213) 321-1392

SPILL RECORDS DIV  
 999000231

CODE NO.

Pick Up: 2 9 78 (DATE) Time: 15 15

State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 49

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*[Signature]*  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type): OPALATON Ind Inc.   

Site Address: 1400 1st St NW

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_   

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well   

☐ other (specify): \_\_\_\_\_   

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**K001163**

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
 HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_